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(Depositor's name)	1 04 :	Sandra Sutton
(Signature)	ullow	
(Date)	-05	2-16

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/681,782	06/04/2001	Gerardo Bermudez	1018.113US1	9105

TITLE OF INVENTION: MANAGER COMPONENT FOR MANAGING INPUT FROM EXISTING SERIAL DEVICES AND ADDED SERIAL AND NON-SERIAL DEVICES IN A SIMILAR MANNER

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400) .	\$300	\$	1700	04/27/2005
EXAM	MINER	ART UN	ΠΤ	CLASS-SUBCLASS	7		
PATEL, I	IARESH N	2154		709-321000	-		
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI	ation (or "Fee Address" Indicator more recent) attached. Use	Correspondence ation form e of a Customer	(1) the na or agents (2) the nar registered 2 registere listed, no of the PATENT	ting on the patent front page, I mes of up to 3 registered pate DR, alternatively, me of a single firm (having as attorney or agent) and the nar d patent attorneys or agents. I name will be printed. (print or type) ear on the patent. If an assig for filing an assignment.	a member a mes of up to f no name is	2 <u>2555 GR/</u> 3KANSAS	HARDY & BACON, L:L AND BLVD. CITY, MO 64108-2613
(A) NAME OF ASSIGN	IEE	(B) RESIDENC	E: (CITY and STATE OR CO	OUNTRY)		
MICROS	OFT CORPORATION	Ŋ	F	Redmond, WA			
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	atent): 🗖 Individual 🚨 (Corporation or	other private gro	oup entity Government
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🖾 Issue Fee			A check	in the amount of the fee(s) is e	nclosed.		
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Advance Order - # of Co	opies	The Director is hereby authorized by should the Deposit Account Number 19-2112 (enclose an extra copy of this form).			
5. Change in Entity Status (fr					
	ALL ENTITY status. See 37 CFR 1.27.			TITY status. See 37 CFR 1.27(g)(2). issue fee to the application identified above.	
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Authorized Signature	Scatt 5		Date Zlice	los	
Typed or printed name	Scott B. Strohm		Registration No	42172	

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